

Plaintiff's Name STEVEN QUINONES  
CDCR No. RI4158  
Address HIGH DESERT STATE PRISON  
P.O. Box 3030  
SUSANVILLE, CA 96127

**FILED**

**May 17, 2022**

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA

STEVEN QUINONES

(Name of Plaintiff)

2:22-cv-833-DMC (PC)

(Case Number)

VS.

Rob St. Andre Warden (A)

CIVIL RIGHTS COMPLAINT UNDER:

☒ 42 U.S.C. 1983 (State Prisoner)

DR. Richard Grevy

DR. Robert C. Fox

JOHN DOE, ET AL

CALIFORNIA Department of Corrections

and Rehabilitation, ET AL

(Names of all Defendants)

1. Previous Lawsuits (list all other previous or pending lawsuits on additional page):

A. Have you brought any other lawsuits while a prisoner? Yes \_\_\_ No ☒

B. If your answer to A is yes, how many? N/A

Describe previous or pending lawsuits in the space below. (If more than one, attach additional page to continue outlining all lawsuits in same format.)

1. Parties to this previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if Federal Court, give name of District; if State Court, give name of County)

N/A

3. Docket Number N/A

4. Assigned Judge N/A

III. Defendants

List each defendant's full name, official position, and place of employment and address in the spaces below. If you need additional space please provide the same information for any additional defendants on separate sheet of paper.

A. Name Rob St. Andre is employed as Warden (Acting)

Current Address/Place of Employment High Desert State Prison, P.O. Box 3030, Susanville, CA 96127

B. Name Richard Gray is employed as Doctor Chief Physician and Surgeon

Current Address/Place of Employment High Desert State Prison, P.O. Box 3030, Susanville, CA 96127

C. Name Robert C. Fox is employed as Doctor Ophthalmology

Current Address/Place of Employment High Desert State Prison, P.O. Box 3030, Susanville, CA 96127

D. Name John Doe #1 is employed as Correctional Officer

Current Address/Place of Employment High Desert State Prison, P.O. Box 3030, Susanville, CA 96127

E. Name John Doe #2 is employed as Correctional Officer

Current Address/Place of Employment High Desert State Prison, P.O. Box 3030, Susanville, CA 96127

IV. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary. Must be in same format outlined below.)

Claim 1: The following civil right has been violated (e.g. right to medical care, access to courts, due process, free speech, freedom of religion, freedom from cruel and unusual punishment, etc.):

Freedom from Cruel and Unusual Punishment, Deliberate Indifference

Supporting Facts (Include all facts you consider important to Claim 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Claim 1.):

On May 30th 2019 I arrived at High Desert State Prison. I was sent to B-Yard 2-Building. I was told to go upstairs by John Doe #1. I explained that I have a lower bunk and couldn't go upstairs due to gut. John Doe #1 told me either go up or receive a rules violation 115. I went upstairs and went into my cell, and later that night fell off my bunk and hurt my head and left heel.

5. Disposition (Was the case dismissed? Appealed? Is it still pending?)

N/A

6. Filing Date (approx.) N/A

7. Disposition Date (approx.) N/A

### III. Exhaustion of Administrative Remedies

NOTICE: Pursuant to the Prison Litigation Reform Act of 1995, "[n]o action shall be brought with respect to prison conditions under [42 U.S.C. § 1983], or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." 42 U.S.C. § 1997e(a). Prior to filing suit, inmates are required to exhaust the available administrative remedy process, Jones v. Bock, 549 U.S. 199, 211, 127 S.Ct. 910, 918-19 (2007); McKinney v. Carey, 311 F.3d 1198, 1999 (9th Cir. 2002), and neither futility nor the unavailability of money damages will excuse the failure to exhaust, Porter v. Nussle, 534 U.S. 516, 524, 122 S.Ct. 983, 988 (2002). If the court determines that an inmate failed to exhaust prior to filing suit, the unexhausted claims will be dismissed, without prejudice. Jones, 549 U.S. at 223-24, 127 S.Ct. at 925-26.

A. Is there an inmate appeal or administrative remedy process available at your institution?

Yes ☒ No ☐

B. Have you filed an appeal or grievance concerning ALL of the facts contained in this complaint?

Yes ☒ No ☐

C. Is the process completed?

Yes ☒

If your answer is yes, briefly explain what happened at each level.

On my first level (institutional) they, Dr. R. Gray, stated that my level of care was appropriate, and no intervention was determined (1/22/2021)  
On my Second level (Headquarters) again stated my level of care was appropriate, and there was no deliberate indifference. No intervention was determined by S. Gates, Chief Health Care Appeals Coordinator (8/18/2021)

No N/A

If your answer is no, explain why not.

N/A

III Defendants Cont.

CALIFORNIA DEPARTMENT of CORRECTIONS and Rehabilitation  
Po. Box 942883 Sacramento, CA 94283

The next morning my cell mate reported the fall to C/O John Doe #2. C/O John Doe #2 moved me downstairs after I was injured, on June 1st, 2019. On June 2nd 2019, I got up to use the restroom and my head was still hurting from the fall. I blew my nose and my eyeball (left) started to bleed and ooze fluid. My ended up with a ruptured globe. Had the C/O John Doe #1 had listened to my plea that I couldn't go upstairs, I would not have injured myself. I ended up with a broken heel, lacerated legs, and a ruptured globe (eye). Only after I was seriously injured did C/O John Doe #2 take me to the Medical Clinic.

**Claim 2:** The following civil right has been violated (e.g. right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.):

my right to medical care was denied, and my due process rights were violated, and I was treated with deliberate indifference.

**Supporting Facts** (Include all facts you consider important to Claim 2. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Claim 2.):

Once I got to the Clinic, Under Dr. Greys policy, I was briefly seen with Darley a glance over. I was told to fill out a 7362 Health Care request form which I did (included as evidence) and would be called in at a later time. I explained to them it was an emergency and that I was in severe pain, they (medical staff) still sent me away with no treatment. They denied my right to health care, in doing so violated my due process rights, and showed me deliberate indifference. This was all taken place on 6/3/2019. On 6/4/2019 I was finally called into medical, they determined

My eye was infected. I was sent to Reus Renown Hospital where it was determined I needed surgery. Dr. Fox made the referral. (See Renown medical papers for evidence). Due to the amount of time gone by since I reported my eye injury, my eyesight in my left eye was unable to be saved correctly. I was also to be seen regularly by Dr. Fox to monitor my eye - from April 13<sup>th</sup> 2020 all the way June 22<sup>nd</sup> 2020 I kept getting rescheduled due to Covid-19, which further injured my eye. Dr. Fox knew the seriousness of my injury, and chose to ignore it. California Department of Corrections and Rehabilitation could have avoided my injuries had they just listened to my pleas.

#### V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like the court to accept my civil complaint and bring this matter to a jury. I am seeking compensatory and punitive damages for the injuries I sustained while in the care of CDCR. I AM seeking \$ 1,500,000 for the loss of my eyesight, and \$ 500,000 for deliberate indifference to my medical needs. I am also asking the court to have CDCR expedite my medical appointments so that I can receive proper care and diagnosis of my medical conditions.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 03/31/2022

Signature of Plaintiff: Steven Quimones

1 CLAIM III

2 Deliberate indifference, freedom from cruel and unusual  
3 punishment.

4  
5 SUPPORTING FACTS

6 To THIS DAY I HAVE STILL BEEN WAITING  
7 TO HAVE MY HEAL REPAIRED, OR TO HAVE MY OPHTHALMOLOGY  
8 APPOINTMENT. DR. GREY KEEPS STATING I HAVE APPOINT-  
9 MENTS SCHEDULED, YET 2 YEARS LATER I AM STILL  
10 waiting. This is cruel and unusual punishment, and  
11 a deliberate indifference to my health care needs.  
12



STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

# HEALTH CARE SERVICES REQUEST FORM

6500391  
DEPARTMENT OF CORRECTIONS

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: STEVEN QUINONES CDC NUMBER: BL 4158 HOUSING: B-5-121

PATIENT SIGNATURE: Steven Quinones DATE: 6/3

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem) I CAME IN THIS MORNING (6/3) AND THEY TOLD ME TO PUT IN A REQUEST. A FEW DAY AGO, I HAD TOOK A FALL OFF MY BUNK #204 AND I GOT PRETTY BANG UP. I DON'T KNOW WHY THEY PUT ME ON TOP WHEN I HAVE A BOTTOM CRONG. THEN LAST NITE I BLEW MY NOSE AND MY LEFT EYE BALL STARTED TO OOOZ BLOOD. IT FEEL LIKE A CUT ON IT.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM. THANK YOU!

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

## PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 6/4/19 @ 0630 Received by: [Signature]  
Date / Time Reviewed by RN: [Signature] Reviewed by: [Signature]  
S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

SP 6/4

O: T: P: R: BP: WEIGHT:

A:

P:

☐ See Nursing Encounter Form

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: DATE OF APPOINTMENT: COMPLETED BY: NAME OF INSTITUTION:

PRINT: STAMP NAME: SIGNATURE: TITLE: DATE TIME COMPLETED:

INMATE COPY

CONFIDENTIAL



\*\* Auth (Verified) \*

Renown

6/6/2019 11:29:04 AM PAGE 21/025 Fax Server

**Physician Progress Notes - Last filed (Notes from 06/04/19 through 06/06/19) (continued)**

**Progress Notes by Susan Marron, M.D. at 6/5/2019 2:20 PM (continued)**

Version 1 of 1

Date of Service<sup>(SM 1)</sup>

6/5/2019<sup>(SM 2)</sup>

**Chief Complaint**

64 y.o. male admitted 6/4/2019 with<sup>(SM 1)</sup> left eye decreased vision.<sup>(SM 3)</sup>

**Hospital Course<sup>(SM 1)</sup>**

6/5: This 64-year-old male who is a ward of the prison system presented to the emergency room after a traumatic fall on 6/2/2019 from his upper level bunk in which he hit his left eye on the nightstand as well as injury to his left heel and abrasions to his lower extremities. The injury occurred 2 days prior. When he blew his nose he developed acute loss of vision and onset of tearing to his left eye as well as decreased vision. Ophthalmology consult appreciated. Patient had a left ruptured globe full-thickness corneal laceration nasally plugged with vitreous and iris. Patient started on moxifloxacin eyedrops every 2 hours per ophthalmologist shield in place. I have ordered a left foot x-ray to examine calcaneus. I have started oxycodone 5 to 10 mg p.o. every 4 hours as needed in addition to IV fentanyl. Patient was found to have low vitamin B12 at 172. I have ordered vitamin B12 injection followed by oral B12. Due to the multiple abrasions I have ordered a Tdap if greater than 5 years since last tetanus. I have also ordered a regular diet postop.<sup>(SM 3)</sup>

**Consultants/Specialty<sup>(SM 1)</sup>**

Dr. Constantine, ophthalmology<sup>(SM 3)</sup>

**Code Status<sup>(SM 1)</sup>**

Full<sup>(SM 3)</sup>

**Disposition<sup>(SM 1)</sup>**

PT OT evaluations since binocular vision and no depth perception. Patient is a ward of the prison system. 1 guard present in room at all times.<sup>(SM 3)</sup>

**Review of Systems**

**Review of Systems**

Constitutional: Negative for<sup>(SM 1)</sup> chills<sup>(SM 3)</sup> and<sup>(SM 1)</sup> diaphoresis<sup>(SM 3)</sup> fever<sup>(SM 3)</sup> and<sup>(SM 1)</sup> malaise/fatigue<sup>(SM 3)</sup>

HENT: Negative for<sup>(SM 1)</sup> congestion<sup>(SM 3)</sup> and<sup>(SM 1)</sup> sore throat<sup>(SM 3)</sup>

Eyes: Positive for<sup>(SM 1)</sup> blurred vision<sup>(SM 3)</sup> Negative for<sup>(SM 1)</sup> pain<sup>(SM 3)</sup> and<sup>(SM 1)</sup> discharge<sup>(SM 3)</sup>

Respiratory: Negative for<sup>(SM 1)</sup> cough<sup>(SM 3)</sup> hemoptysis<sup>(SM 3)</sup> sputum production<sup>(SM 3)</sup> and<sup>(SM 1)</sup> shortness of breath<sup>(SM 3)</sup> and<sup>(SM 1)</sup> wheezing<sup>(SM 3)</sup>

Cardiovascular: Negative for<sup>(SM 1)</sup> chest pain<sup>(SM 3)</sup> palpitations<sup>(SM 3)</sup> claudication<sup>(SM 3)</sup> and<sup>(SM 1)</sup> leg swelling<sup>(SM 3)</sup>

Gastrointestinal: Negative for<sup>(SM 1)</sup> abdominal pain<sup>(SM 3)</sup> constipation<sup>(SM 3)</sup> and<sup>(SM 1)</sup> diarrhea<sup>(SM 3)</sup>

melena<sup>(SM 3)</sup> nausea<sup>(SM 3)</sup> and<sup>(SM 1)</sup> vomiting<sup>(SM 3)</sup>

Genitourinary: Negative for<sup>(SM 1)</sup> dysuria<sup>(SM 3)</sup> frequency<sup>(SM 3)</sup> and<sup>(SM 1)</sup> urgency<sup>(SM 3)</sup>

Musculoskeletal: Positive for<sup>(SM 1)</sup> myalgias (Left heel pain)<sup>(SM 3)</sup> Negative for<sup>(SM 1)</sup> back pain<sup>(SM 3)</sup> joint pain<sup>(SM 3)</sup> and<sup>(SM 1)</sup> neck pain<sup>(SM 3)</sup>

Skin: Negative for<sup>(SM 1)</sup> itching<sup>(SM 3)</sup> and<sup>(SM 1)</sup> rash<sup>(SM 3)</sup>

Neurological: Negative for<sup>(SM 1)</sup> dizziness<sup>(SM 3)</sup> sensory change<sup>(SM 3)</sup> speech change<sup>(SM 3)</sup> focal weakness<sup>(SM 3)</sup> loss of consciousness<sup>(SM 3)</sup> and<sup>(SM 1)</sup> headaches<sup>(SM 3)</sup>

Endo/Heme/Allergies: Does not bruise/bleed easily<sup>(SM 3)</sup>

Psychiatric/Behavioral: Negative for<sup>(SM 1)</sup> depression<sup>(SM 3)</sup> substance abuse<sup>(SM 3)</sup> and<sup>(SM 1)</sup> suicidal ideas<sup>(SM 3)</sup>

**Physical Exam<sup>(SM 1)</sup>**

Edavalon, Seventeen (MR # 4654746) Printed at 6/6/19 11:27 AM

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\* Auth (Verified) \*

Renown

6/6/2019 11:29:04 AM PAGE: 17/025 Fax Server

6/6/2019

Vitals (last day) (continued)

Date/Time	Temp	BP	NIBP	Patient Position	BP Loc	Pulse	Res	Sp O2	O2 (LP M)	FIO2	Dev	Hei	Wei	le O	Who
06/05/19 0545	36.8 (98.2 F)	133/73	--	--	--	60	16	96	--	--	--	1.7	--	--	BK
06/05/19 0418	36.2 (97.2 F)	111/58	--	Supine	Left Upper Arm	65	18	95	--	--	--	--	--	--	EB

H&P Note

H&P by Levante Leval, M.D. at 6/4/2019 4:13 PM

Author: Levante Leval, M.D.

Filed: 6/4/2019 6:40 PM

Editor: Levante Leval, M.D. (Physician)

Service: Hospital Medicine

Date of Service: 6/4/2019 4:13 PM

Author Type: Physician

Status: Signed

Hospital Medicine History & Physical Note

Date of Service<sup>(LL.1)</sup>

6/4/2019<sup>(LL.1)</sup>

Primary Care Physician

Pcp Pt States None

Consultants<sup>(LL.1)</sup>

Ophthalmology<sup>(LL.2)</sup>

Code Status<sup>(LL.1)</sup>

Full code<sup>(LL.2)</sup>

Chief Complaint<sup>(LL.1)</sup>

Pain and loss of vision in the left eye<sup>(LL.2)</sup>

History of Presenting Illness

64 y.o. male who presented 6/4/2019 with sudden onset of visual deficit in the left eye. Patient states that he was in his normal state of health when he rolled over on his bunk bed fell out of the top bed and landed on a metal plate. Since then the patient says that he was having some problem with the eye as well as pain but then he blew his nose and after that felt a pop in the left eye and since then he is unable to see and the pain is escalated to 10 out of 10. On initial evaluation the patient has severe purulent discharge from the side. The patient states that the incident happened on Sunday 6/2/2019. The patient at this point will be placed on IV antibiotics of vancomycin and Fortaz. He will be continued on IV pain management with morphine. Ophthalmology has been consulted and we are at this point going to keep him n.p.o. until he is eval by ophthalmology for possible surgical repair<sup>(LL.2)</sup>

Review of Systems

Edavalon, Seventeen (MR # 4654746) Printed at 6/6/19 11:27 AM

TO AUGUST - (14?) 2019 ALL TOGETHER  
2 1/2 MOS

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QUINONES B14158

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STATE OF CALIFORNIA  
HEALTH CARE GRIEVANCE  
CDCR 602 HC (Rev. 10/14/19)

DEPARTMENT OF CORRECTIONS AND REHABILITATION  
Page 1 of 2

STAFF USE ONLY Expedited? ☐ Yes ☒ No Tracking #:

HDSP HC 2900 0928

Staff Name and Title (Print):

Signature:

Date:

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

Quinones Steven

G

CDCR #:

BI-4158

Unit/Cell #:

A2-143

SECTION A:

Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy: On 8-20-2019 I submitted an appeal and on

8-23-19 it was given a log # HDSP-13-19-03424 and rejected for filing on the wrong form. At this time I made the correction and I'm re-submitting on the correct form. On 5-30-2019 I was transferred to HDSP B-YARD, 5-BUILDING, CELL 204 upper. Later that night I fell off the top bunk suffering several injuries to which I would eventually be hospitalized. My issue is what transpired prior to my hospitalization. Upon housing me on a upper bunk/upper tier I explained to staff that I had a chrono and needed to be placed in the appropriate housing. To no avail I was still placed on a upper/upper. Later that night I took a serious fall sustaining several injuries to which I was hospitalized for 2 1/2 months. I'm currently suffering ill effects including severe pain

Supporting Documents Attached. Refer to CCR 3999.227 ☒ Yes ☐ No

Grievant Signature: Steven Quinones

Date Submitted: 11-16-20

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Withdrawn (see section E)

☒ Accepted

Assigned To:

D. AVILA

Title:

HCARN

Date Assigned: 11/18/2020

Date Due: 1/26/21

Interview Conducted?

☐ Yes ☒ No

Date of Interview:

Interview Location:

Interviewer Name and Title (print):

Signature:

Date:

Reviewing Authority

Name and Title (print):

R. GRAY, M.D., CPES

Signature:

Date:

01/22/2021

Disposition: See attached letter

☐ Intervention

☒ No Intervention

HCGO Use Only: Date closed and mailed/delivered to grievant: JAN 22 2021

1. Disability Code:

☐ TABE score  $\leq$  4.0  
☐ DPH ☐ DPV ☐ LD  
☐ DPS ☐ DNH  
☐ DDP  
☐ Not Applicable

2. Accommodation:

☐ Additional time  
☐ Equipment ☐ SLU  
☐ Louder ☐ Slower  
☐ Basic ☐ Transcribe  
☐ Other

3. Effective Communication:

☐ Patient asked questions  
☐ Patient summed information  
Please check one:  
☐ Not reached ☐ Reached  
\*See chrono/notes

4. Comments:

RECEIVED  
HDSP HDSP

NOV 17 2020 JAN 22 2021

HCGO HCGO

STAFF USE ONLY

STATE OF CALIFORNIA  
HEALTH CARE GRIEVANCE ATTACHMENT  
CDCR 602 HC A (10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION  
Page 1 of 2

## STAFF USE ONLY

Tracking #: HDSP-HC 2000 0928

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used. Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

CDCR Number:

Unit/Cell Number:

QUINONES STEVEN G

BT-4158

A2-143

## SECTION A

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

AND vision loss. (NOTE) I HAVE RECORDS OF ALL INJURIES.

I'm CHARGING THE HEALTH CARE SYSTEM WITH 'DELIBERATE INDIFFERENCE'.

AT THIS TIME I'm OFFERING A SIMPLE SOLUTION. I'm REQUESTING THAT I PERMANENTLY BE PLACED ON A ~~HIGH~~ LOWER BUNK, LOWER TIER, AS WELL AS BE CLASSIFIED (ADA) UNDER COLMEN FOR MOBILITY/VISION IMPAIRED. ALSO I NEED ANOTHER LOOK AT MY HEEL AND GET ANOTHER SET OF X-RAYS PLEASE. SOMETHING DON'T FEEL RIGHT AND I STILL SUFFER ALOT OF PAIN AND DISCOMFORT.

ALONG WITH THIS APPEAL I'm SENDING ALONG DOCUMENTS THAT SUBSTANTIATE THIS CLAIM. SUCH AS CHRONO, MEDICAL REQUEST, NEED FOR CORRECTION OF ERROR FORM 695, AND DIAGNOSIS.

Grievant Signature:

Steven Quinones

Date Submitted:

11-16-20

## SECTION B

Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification, Document issue(s) clarified during interview.

Name and Title:

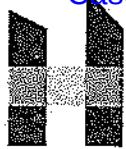
Signature:

Date:

RECEIVED  
HDSP  
NOV 17 2020  
HCGO  
COMPLETED  
HDSP  
JAN 22 2021  
HCGO

STAFF USE ONLY





# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institutional Level Response

Closing Date: **JAN 22 2021**

To: QUINONES, STEVEN (BI4158)  
A 002 1143001LW  
High Desert State Prison  
P.O. Box 3030  
Susanville, CA 96127

Today is 6-4-2021  
why ~~AM~~ I barley getting  
this now?

Tracking #: HDSP HC 20000928

### RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

### HEALTH CARE GRIEVANCE SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Chrono Issues ( Bottom Bunk )	Permanent low bunk chrono.
Issue: Chrono Issues ( Ground Floor )	Permanent low tier chrono.
Issue: ADA ( Classification )	Wants mobility and vision ADA status.
Issue: Referral ( Ophthalmology )	Vision loss due to fall off bunk.
Issue: Medication ( Pain Management )	Pain from falling off bunk.
Issue: Staff Complaints ( Deliberate Indifference )	Deliberate indifference to health care needs.
Issue: Scheduling ( PCP Encounter )	Heel pain.

A\*2

### INTERVIEW

Pursuant to California Code of Regulations, Title 15, Section 3999.228(f)(1), an interview was not conducted as you did not request one by initialing the appropriate box on the CDCR 602 HC, Health Care Grievance.

### INSTITUTIONAL LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.



when they  
received it?

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

HEALTH CARE SERVICES

**BASIS FOR INSTITUTIONAL LEVEL DISPOSITION**

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. Health care staff, utilizing clinical expertise within the scope of their licensure, is responsible for determining if a health care grievance warrants expedited processing, not the grievant. Your health care grievance was identified by licensed clinical staff to not meet the criteria for expedited processing per California Code of Regulations, Title 15, Section 3999.228(b)(2) and/or 3999.230(b)(1)(B).

Your most recent Primary Care Provider appointment was on January 19, 2021 who ordered you lower bunk/lower tier permanent and updated your disability status as DLT requiring relatively level terrain.

- Records indicate the following in regards to your vision issue: June 4, 2019 – Seen at the Trauma Treatment Area (TTA) due to being unable to see from falling off your bunk on June 2, 2019. You stated you had blown your nose two days prior and when you did, you lost vision and it felt as if a grey field enveloped your left eye. You were sent to Renown Hospital for further evaluation, testing and treatment as needed. It was determined you had a ruptured globe and Ophthalmology performed left globe repair on June 5, 2019 and you were placed on intravenous morphine for pain management.
- June 12, 2019 – You were discharged from Renown Hospital and returned to High Desert State Prison (HDSP) and housed in the Correctional Treatment Center (CTC).
- June 17, 2019 – Seen by Ophthalmologist Dr. Fox.
- June 27, 2019 – Follow-up with Ophthalmologist Dr. Fox.
- August 19, 2019 - Seen by Ophthalmologist Dr. Fox who found you had no lens or iris and an early cataract on the right side.
- August 30, 2019 – Follow-up with Primary Care Provider (PCP) who noted you had a follow-up with Dr. Fox in 2 months and prescribed Tylenol 3 for two weeks.
- October 21, 2019 - Seen by Ophthalmologist Dr. Fox who noted the area had not changes and was doing well, vision was stable, and to follow up in 6 months.
- December 20, 2019 – Seen by Optometry.
- April 9, 2020 – Dr. Fox requested your follow up appointment, scheduled for April 13, 2020, be rescheduled due to COVID-19 pandemic.
- May 4, 2020 - Dr. Fox requested your follow up appointment, scheduled for May 11, 2020, be rescheduled due to COVID-19 pandemic.
- June 11, 2020 – Chief Medical Executive requested your follow up appointment, scheduled with Dr. Fox for June 15, 2020, be rescheduled due to COVID-19 pandemic and inmate movement restrictions.
- July 29, 2020 - Chief Physician and Surgeon requested your follow up appointment, scheduled with Dr. Fox for August 10, 2020, be rescheduled due to COVID-19 pandemic and inmate movement restrictions.

You are currently pending and appointment to be seen by Optometry and will be advised of the appointment as it nears.

In regards to your heel issue your medical records support you having received evaluation and treatment for left calcaneus issue as determined medically necessary including, but not limited to: primary care provider evaluations; specialty consultations; Registered Nurse (RN) evaluations; x-rays; and pain medication. Your most recent primary care provider evaluation for this issue was on January 19, 2021; the provider noted an order would be placed for a computed tomography of the left calcaneus. You will be advised of the appointment as it nears.

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Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

The health and safety of our population is of critical importance to the California Department of Corrections and Rehabilitation and California Correctional Health Care Services. While our agency is working together to appropriately respond to the COVID-19 crisis, we will continue to provide urgent and emergent health care services. To reduce risks to both patients and staff, inmate movement will be minimized. In addition, some specialty and routine care may be delayed as a result of both internal redirections and external closures. All cancelled appointments will be rescheduled as soon as safely possible. If you have health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

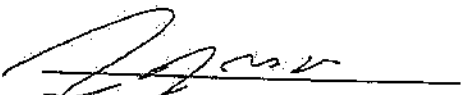
While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

Your medication profile history was reviewed and indicates lisinoprol, allopurinol and etodolac has been prescribed to help mitigate general aches and pain. Your medical records confirm there is a plan of care in place and the primary care provider has discussed the plan of care with you.

Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

- If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.

  
R. Gray, M.D.  
Chief Physician and Surgeon  
High Desert State Prison

01/22/2021

Reviewed and Signed Date

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

HEALTH CARE SERVICES





# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Headquarters' Level Response

Closing Date: **AUG 19 2021**

To: QUINONES, STEVEN (B14158)  
High Desert State Prison  
P.O. Box 3030  
Susanville, CA 96127

From: California Correctional Health Care Services  
Health Care Correspondence and Appeals Branch  
P.O. Box 588500  
Elk Grove, CA 95758

Tracking #: HDSP HC 20000928

### RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

### HEALTH CARE GRIEVANCE APPEAL SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Chrono Issues (Bottom Bunk)	You stated that you want a permanent low bunk chrono.
Issue: Chrono Issues (Ground Floor)	You stated that you want a permanent low tier chrono.
Issue: ADA (Classification)	You stated that you want American With Disabilities Act (ADA) classification for mobility and vision impairment.
Issue: Referral (Ophthalmology)	You stated that you are experiencing vision loss due to a fall off of a top bunk in June of 2019.
Issue: Scheduling (PCP Encounter)	You stated that you are experiencing pain in your heel from a fall off of a top bunk in June of 2019.
Issue: Diagnostic (X-Rays)	You stated that you need a new set of x-rays of your heel.
Issue: Staff Complaints (Deliberate Indifference)	You alleged deliberate indifference to your health care needs.

### HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

P.O. Box 588500  
Elk Grove, CA 95758

**BASIS FOR HEADQUARTERS' LEVEL DISPOSITION**

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. You are enrolled in the Chronic Care Program, where your medical conditions and medication needs are closely monitored. Progress notes indicate there is a plan of care in place and the primary care provider has discussed the plan of care with you.

You stated that you wanted a bottom bunk and ground floor accommodation made permanent. Review of your records shows that on January 1, 2021, your CDCR 1845, Disability Placement Program Verification, as well as your CDCR 7410, Comprehensive Accommodation Chrono, were both updated, are listed as permanent, and states that you require a bottom bunk and relatively level terrain/path of travel accommodation to ambulate due to mobility or health concerns.

Regarding your request for ADA classification for mobility and vision impairment: your records show that you have a Disability Placement Program Code DLT for level terrain ADA accommodation as well as a mobility impaired disability vest in regards to your mobility. In regards to your vision impairment: according to guidelines, vision impairment which is not correctable to better than 20/200 with corrective lenses in at least one eye which impairs a major life activity is required. Your recent eyesight has been documented as 20/25 with corrective lenses, therefore a vision impairment disability is not indicated.

You stated that you are experiencing vision loss due to a fall off of a top bunk in June of 2019. Records show that you were most recently evaluated by a registered nurse on August 5, 2021. It was documented that the eyesight in your right side has been gradually deteriorating and that you do not have any vision on the left due to globe rupture in the past. You have a visual acuity of 20/25 in the right eye with corrective lenses. You currently have an active order for a referral to optometry and the provider indicated that your condition does not necessitate an urgent outside referral. You will be notified when it is time for your optometry appointment.

While California Correctional Health Care Services health care providers are responsible for documenting health factors to be considered in making placement decisions, custody is responsible for determination of appropriate institutional placement and housing assignment. As such, it is recommended you address your concerns with your Correctional Counselor, other appropriate custody staff, or through the Institutional Classification Committee process.

The health and safety of our population is of critical importance to the California Department of Corrections and Rehabilitation and California Correctional Health Care Services. While our agency is working together to appropriately respond to the COVID-19 crisis, we will continue to provide urgent and emergent health care services. To reduce risks to both patients and staff, inmate movement will be minimized. In addition, some specialty and routine care may be delayed as a result of both internal redirections and external closures. All cancelled appointments will be rescheduled as soon as safely possible. If you have health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

You stated that you are experiencing pain in your heel due to a fall off of the top bunk in June of 2019. Review of your records shows that you were seen by a primary care provider on July 14, 2021, for a Chronic Care Program follow-up. At this appointment your history of continued pain in your heel from a fractured calcaneus (heel bone) that occurred in July of 2019 was discussed. The primary care provider completed assessments, noted review of your history, current symptoms, and laboratory/imaging results, and developed a plan of care, including pain medication and a referral for a bone scan of your left foot as recommended by the orthopedic specialist. A bone scan has been ordered and is pending scheduling.

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Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

California Correctional Health Care Services health care providers are trained to treat multiple types of pain in a systematic, step-wise approach based on comprehensive assessment and planning, as outlined in the CCHCS Care Guide: Pain Management. Complete pain relief is not a realistic goal. The goal is to reduce pain and improve function while avoiding significant side effects and risks associated with stronger pain medications or surgery. The assessment and monitoring of your pain is an ongoing process.

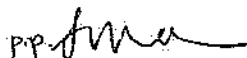
You alleged deliberate indifference to your health care needs. While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

There is no indication your care has not been provided pursuant to the rules and regulations governing the management and delivery of medically or clinically necessary health care services. Patients shall be accorded impartial (equal, unbiased) access to treatment or accommodations that are determined to be medically or clinically indicated, based on the patient's individual presentation, history, and exam findings, in accordance with appropriate policies and procedures. Treatment determined to be medically or clinically indicated for another patient may not be determined to be appropriate for you; this does not constitute a violation of your right to impartial access to medically or clinically necessary health care.

Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

This decision exhausts your administrative remedies.



Digitally signed by HCCAB

Date: 2021.08.18 15:40:47

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August 18, 2021

Reviewed and Signed Date

S. Gates, Chief  
Health Care Correspondence and Appeals Branch  
Policy and Risk Management Services  
California Correctional Health Care Services

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CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

P.O. Box 588300  
Elk Grove, CA 95758